



STATE OF TENNESSEE  
 DEPARTMENT OF HEALTH  
 HEALTH RELATED BOARDS  
 TENNESSEE BOARD OF NURSING  
 665 MAINSTREAM DRIVE  
 NASHVILLE, TENNESSEE 37243  
 (800) 778-4123, ext. 5325166 or (615) 532-5166

ADVANCED PRACTICE REGISTERED NURSE  
 NOTICE AND FORMULARY

Advanced Practice Registered Nurse Name \_\_\_\_\_ TN APRN License Number \_\_\_\_\_

\*Advanced Practice Nurse DEA Number \_\_\_\_\_ TN or Multistate RN License Number \_\_\_\_\_

Delete Supervising Physician(s): \_\_\_\_\_ Delete Practice/Clinic(s): \_\_\_\_\_

(If more space is needed for deletions please attach additional sheets)

Check each category of legend drugs the APRN is authorized to prescribe: must have own DEA # to prescribe Schedule's II-V)

\_\_\_\_\_ Non-controlled legend drugs \_\_\_\_\_ Controlled legend drugs including: select all that apply  
 \_\_\_\_\_ Schedule II  
 \_\_\_\_\_ Schedule III  
 \_\_\_\_\_ Schedule IV  
 \_\_\_\_\_ Schedule V

Initial or adding a new practice site(s) & Supervising Physician(s):

\_\_\_\_\_  
 Name of Practice/Clinic

\_\_\_\_\_  
 Name of Practice/Clinic

\_\_\_\_\_  
 Site Address/Phone Number

\_\_\_\_\_  
 Site Address/Phone Number

\_\_\_\_\_  
 Supervising Physician Printed Name

\_\_\_\_\_  
 Supervising Physician Printed Name

\_\_\_\_\_  
 Supervising Physician Signature

\_\_\_\_\_  
 Supervising Physician Signature

\_\_\_\_\_  
 DEA Number

\_\_\_\_\_  
 DEA Number

\_\_\_\_\_  
 MD/DO License Number

\_\_\_\_\_  
 MD/DO License Number

Attestation

I, \_\_\_\_\_ attest that the information contained in this application is true and correct.  
 Print Name

Return original to: Tennessee Board of Nursing  
 665 Mainstream Drive  
 Nashville, TN 37243

\_\_\_\_\_  
 Signature of Advanced Practice Nurse/Date